| Facility: |
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| Surveyor: |
| Pre-Survey Date: |

Directions: Pre-Survey Preparation—Complete Assignments 1 through 3 independently. As part of Assignment 4, review what you have completed with your preceptor. Assignment 5 prompts you to independently document your plan for surveying Patient's Rights: Death Reporting Requirements standard during an upcoming survey. Review your plan for this survey of Patient's Rights: Death Reporting Requirements standard with your preceptor in Assignment 6.

| Assignment | Answer |
|--|---------|
| Assignment 1: | Answer: |
| In a short paragraph, document your | |
| understanding of this requirement. Do not | |
| look at the State Operations Manual (SOM) | |
| or other reference material before answering | |
| the question. | |
| | |
| Note: This is a benchmark of your current | |
| knowledge to review with your preceptor. | |
| This is not a recorded grade. | |
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| Facility: |
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| Surveyor: |
| Pre-Survey Date: |

| Assignment 2: | Answer: |
|---|---------|
| Read the Condition of Participation (CoP) | |
| and related standards in the SOM. Remember | |
| to look for current (dated after the last | |
| revision of Appendix A) Survey & | |
| Certification (S&C) memos. Refer to the | |
| instructions in the "Helpful Links for | |
| Surveyors" document for guidance on | |
| comparing revision dates of the Tags in the | |
| SOM to issue dates of S&C memos. | |
| What is your understanding of this requirement now? Has your understanding changed since reading the SOM? | |
| Assignment 3: | Answer: |
| Describe what you think compliance with the | |
| CoP "looks like" in the facility. In other | |
| words, describe what you would find in the | |
| facility that is in compliance. | |
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| Facility: |
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| Surveyor: |
| Pre-Survey Date: |

| Assignment 4: | Preceptor Review: |
|---|---|
| Review Assignments 1–3 with your | |
| preceptor. Clarify any questions or | |
| misunderstandings before moving on to | |
| Assignment 5. | |
| | |
| Assignment 5: | Survey Plan: |
| Consider what activities you will do in the | Observations (What do you want to observe/locations?) |
| field to determine compliance with the | |
| Patient's Rights: Death Reporting | |
| Requirements CoP and standards and | |
| document them. Reference the SOM as | |
| needed. These answers serve as your plan. | Interviews (Who would you interview and why? Formulate at least three pertinent |
| | questions.) |
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| | Document Review (What documents do you want to see and why?) |
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| Facility: | |
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| Surveyor: | |
| Pre-Survey Date: | |

| Assignment 6: | Preceptor Review: |
|--|--|
| Meet with your preceptor. Present your plan for survey. Discuss concerns and questions you might have. | (Is the surveyor's plan adequate? What recommendations do you have?) |
| | |
| Final Pre-Survey Preparation: | Preceptor/New Surveyor: Comments/Plan/Other |
| Date of Survey: | |
| Survey Logistics (meeting place, time, etc.): | |

| Facility: |
|--------------|
| Surveyor: |
| Survey Date: |

Directions: Post-Survey—Document your actual investigation on the Surveyor's Notes. After the survey, review your Surveyor Notes with the preceptor and compare them to your original plan, then complete the following assignments.

| Assignment | Answer |
|---|-------------------|
| Assignment 7: | Answer: |
| What did you learn about surveying while at the facility? | |
| What Patient's Rights: Death Reporting Requirements | |
| questions do you have for your preceptor? Was your | |
| plan effective? What did you see as a challenge? | |
| Assignment 8: | Answer: |
| Document how you would write the statement of | |
| deficiency, if applicable, according to state agency | |
| policy. | |
| Assignment 9: | Answer: |
| Review the actual Form CMS-2567 from this survey. | |
| Do you agree with the findings? Discuss any differences | |
| with your preceptor. | |
| Assignment 10: | Preceptor Review: |
| Review Assignments 7–10 with your preceptor. Clarify | |
| any questions or misunderstandings. | |
| Date of Survey: | |
| Location: | |
| Time: | |

| Facility: |
|---------------|
| Surveyor: |
| Survey Date: |
| Current Date: |

Self-Assessment and Feedback Tool Patient's Rights: Death Reporting Requirements Hospital

Directions: Self-Assessment—Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek and/or provide additional feedback. Identify any opportunities for further learning regarding the survey of Patient's Rights: Death Reporting Requirements standard within a hospital through a jointly developed action plan. Identify a timeframe to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

Requirements Being Surveyed (if applicable): Patient's Rights: Death Reporting Requirements

| New Surveyor: | Preceptor: |
|--------------------------------------|--|
| Brief Self-Evaluation of Performance | Brief Evaluation of New Surveyor Performance |
| | |
| | |
| | |
| | |
| Self-Identified Learning Needs | Preceptor-Evaluated Learning Needs |
| | |
| | |

Facility: Surveyor: Survey Date: Current Date:

Self-Assessment and Feedback Tool Patient's Rights: Death Reporting Requirements Hospital

Action Plan Development and Review

| Action Item: | Review Comments: | Follow-Up Comments (if needed): |
|-----------------------|-----------------------|---------------------------------|
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| Developed Jointly by: | Date for Review: | Follow-Up Date (if needed): |
| Date Started: | Date Review Complete: | Date Action Plan Complete: |